

# DIABETES MANAGEMENT BOOK

Please take this book with you to all health related visits.

## This record belongs to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

## In case of emergency please contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## Second Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

MEDICARE Number: \_\_\_\_\_

NDSS number: \_\_\_\_\_

## Your Diabetes Team:

Phone:

GP: \_\_\_\_\_

Diabetes Educator: \_\_\_\_\_

Dietitian: \_\_\_\_\_

Podiatrist: \_\_\_\_\_

Ophthalmologist/  
Optometrist: \_\_\_\_\_

Physiotherapist/  
Ex Physiologist: \_\_\_\_\_

Pharmacist: \_\_\_\_\_

Diabetes Specialist: \_\_\_\_\_

Others: \_\_\_\_\_

MY VIC ROADS MEDICAL REPORT &  
FIT DRIVE IS VALID UNTIL:

\_\_\_\_\_

**Please bring this book to every appointment.**

**This information is confidential.**

Copies of this record can be downloaded from the Wimmera Primary Care Partnership website at [www.wimmerapcp.org.au](http://www.wimmerapcp.org.au)

**DIABETES Annual Cycle Of Care SUMMARY**

√ Complete this with your health team

Name: \_\_\_\_\_ Complication/Past History : \_\_\_\_\_

Test	Description	Recomm Freq.	Ideal	Results/ Date	Results/ Date	Results/ Date	Results/ Date	Results/ Date	Attention
BGL	Blood glucose level.(Fasted)	12 mths	4-6 mmol/L (fasting)						
HbA1c	A blood test that gives an <u>average</u> of your blood glucose level over the past 3 months. It is given as a percentage.	3-6 mths	Less than 7%						
Cholesterol	Measure of fat in the blood. People with diabetes need to have low levels to reduce risk of heart disease and stroke	12 mths	Chol:<4.0mmol/L HDL: >1.0mmol/L LDL:<2.5mmol/L Triglyc: <1.5 mmol/L						
Blood Pressure	Good blood pressure control will reduce the risk of heart attack, stroke, kidney disease and vision impairment.	6 mths	130/80 mmHg or less						
Body Mass Index (BMI) & Waist size	This measure helps work out your ideal weight . Goal waist circumference of less than 85cm for females & 100cm for males.	6 mths	<25kg/m <sup>2</sup> where practical 85cm women 100cm men						
Kidney's	Microalbumin, Urea, Creatinine and eGFR readings in the urine are tested to look for kidney damage and function.	12 mths	Urea: 3-10 mmol, Creatinine: 40-80 mmol, Microalb: 0-25 eGFR: >60						
Foot	Comprehensive assessment conducted by Podiatry to evaluate circulation, sensation (ability to detect injury) and footwear.	12 mths	Circulation	L foot R foot	L foot R foot	L foot R foot	L foot R foot	L foot R foot	€At Risk Foot
			Sensation						
			ankle/ brachial index						
Alcohol & Smoking	It's important to reduce alcohol intake and have at least one alcohol free day a week.	12 mths	≤ 2 standard drinks per day Non smoker						
Physical Activity/ Diet	A healthy diet and regular exercise is the key to any successful management plan for diabetes. Weight training is very beneficial for diabetes.This will help reduce blood glucose levels and weight.	30min activity on 5 or more days a week total ≥150mins Low fat, high fibre, low GI diet							
Eyes-specialist	The blood vessels in the eye are very sensitive to high sugar levels and can start to leak and clog up. Leading to blindness and complications such as glaucoma, cataracts, retinopathy.	Yearly checks by ophthalmologist or optometrist	Acuity	L Eye R Eye	L Eye R Eye	L Eye R Eye	L Eye R Eye	L Eye R Eye	
			Retinopathy						







## **GENERAL PRACTITIONER**

Please insert a copy of your GP Management Plan and/or Team Care Arrangements here

## **TEST RESULTS**

Please insert any test results you have here



## Diabetes Educator Checklist

√ Diabetes educator completes this

Category	Comments/Date
<input type="checkbox"/> Understanding Diabetes	
<input type="checkbox"/> Blood Glucose Monitoring Testing times and sharps	
<input type="checkbox"/> Meter: What model & what strips go in it	
<input type="checkbox"/> Exercise	
<input type="checkbox"/> Oral Medications	
<input type="checkbox"/> Insulin	
<input type="checkbox"/> Hypoglycaemia/ Hyperglycaemia	
<input type="checkbox"/> Sick Days	
<input type="checkbox"/> Potential Complications	
<input type="checkbox"/> Travel information and Driving	
<input type="checkbox"/> Self Management	
<input type="checkbox"/> NDSS registered	



## Podiatry Checklist

√ Podiatrist completes this

Category	Comments/Date
<input type="checkbox"/> Diabetic Control	
<input type="checkbox"/> History of ulceration / amputation / other skin lesions (callous and corns)	
<input type="checkbox"/> Neurological (sensation) assessment	
<input type="checkbox"/> Peripheral Arterial (Circulation) status – need for compression?	
<input type="checkbox"/> Gait Assessment	
<input type="checkbox"/> Foot deformity / nail condition	
<input type="checkbox"/> Footwear	
<input type="checkbox"/> Recommended review period	

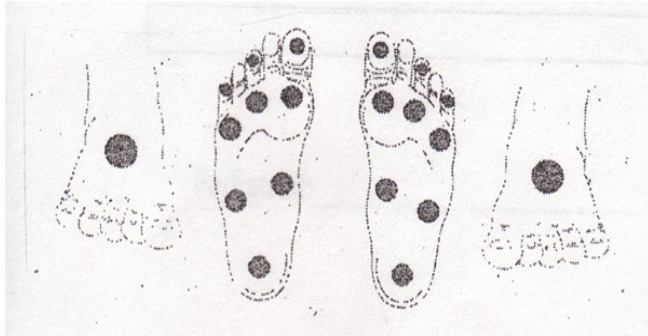
# PODIATRY

Assessment Date: \_\_\_\_\_

## **IDENTIFIED RISK FACTORS FOR ULCERATION / AMPUTATION**

(Reference: National Evidence Based Guideline for Detection and Prevention of Diabetes Foot Problems, 2005)

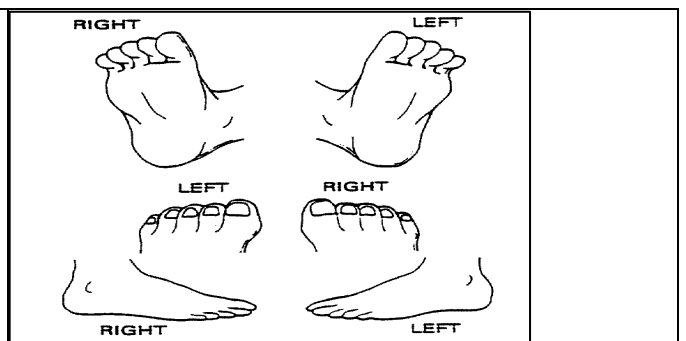
Peripheral Neuropathy: Loss of sensation assessment using 10g Semmes-Weinstein monofilament



Peripheral Vascular Disease:

Ankle Brachial Pressure Index R: \_\_\_\_\_ L: \_\_\_\_\_

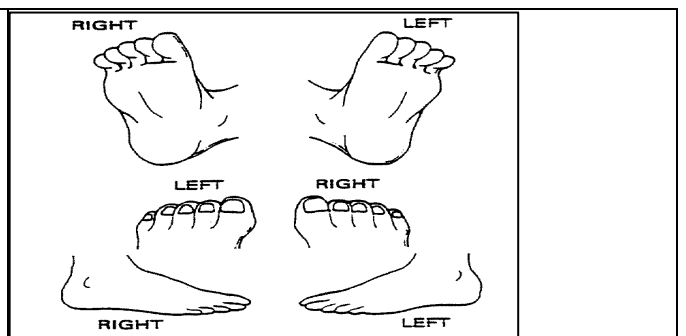
Previous Lower Limb Amputation  
Site:



Foot Deformity

Callous Formation

History of Foot Ulceration  
Site:



Poor Glycaemic Control

Recommended Review Period:  3 monthly  6 monthly  12 monthly

## Dietitian Checklist

√ Dietitian completes this

Category	Comments/Date
<input type="checkbox"/> Diet History review	
<input type="checkbox"/> Carbohydrates (CHO)	
<input type="checkbox"/> Glycaemic Index (GI)	
<input type="checkbox"/> Fats & Cholesterol	
<input type="checkbox"/> Serve Sizes/ Meal Pattern	
<input type="checkbox"/> Fibre	
<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Exercise	
<input type="checkbox"/> Hypo Management	
<input type="checkbox"/> Label Reading	

